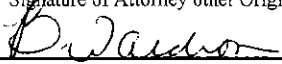






U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Rolando L. Cedeno		COURT CASE NUMBER 19-cv-02703-CS	
DEFENDANT City of Yonkers et al		TYPE OF PROCESS Summons & Complaint	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY, TO SEIZE OR CONDEMN Yonkers Police Officer Patrick Green, Yonkers Police Department Headquarters		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 104 South Broadway, Yonkers, New York 10701		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Pro Se: Rolando L. Cedeno, 212752 Westchester County Corrections 10 Wood Road Valhalla, NY 10595		Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):			
Signature of Attorney other Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 212-805-0175 DATE 4/10/2019
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 	District of Origin No. 	District to Serve No.  Signature of Authorized USMS Deputy or Clerk Date 4/10/2019
I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described in the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above) M. Recine / Clerk #		Date 6-18-19	Time 2:03 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy  4287	
Service Fee 73	Total Mileage Charges (including endeavors) 20.76	Forwarding Fee	Total Charges 93.76 Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS

APR 18 2019 Set up for mail service
MAY 20 2019 - Set up for personal serv, FWD to WP

✓ 19-2703-2